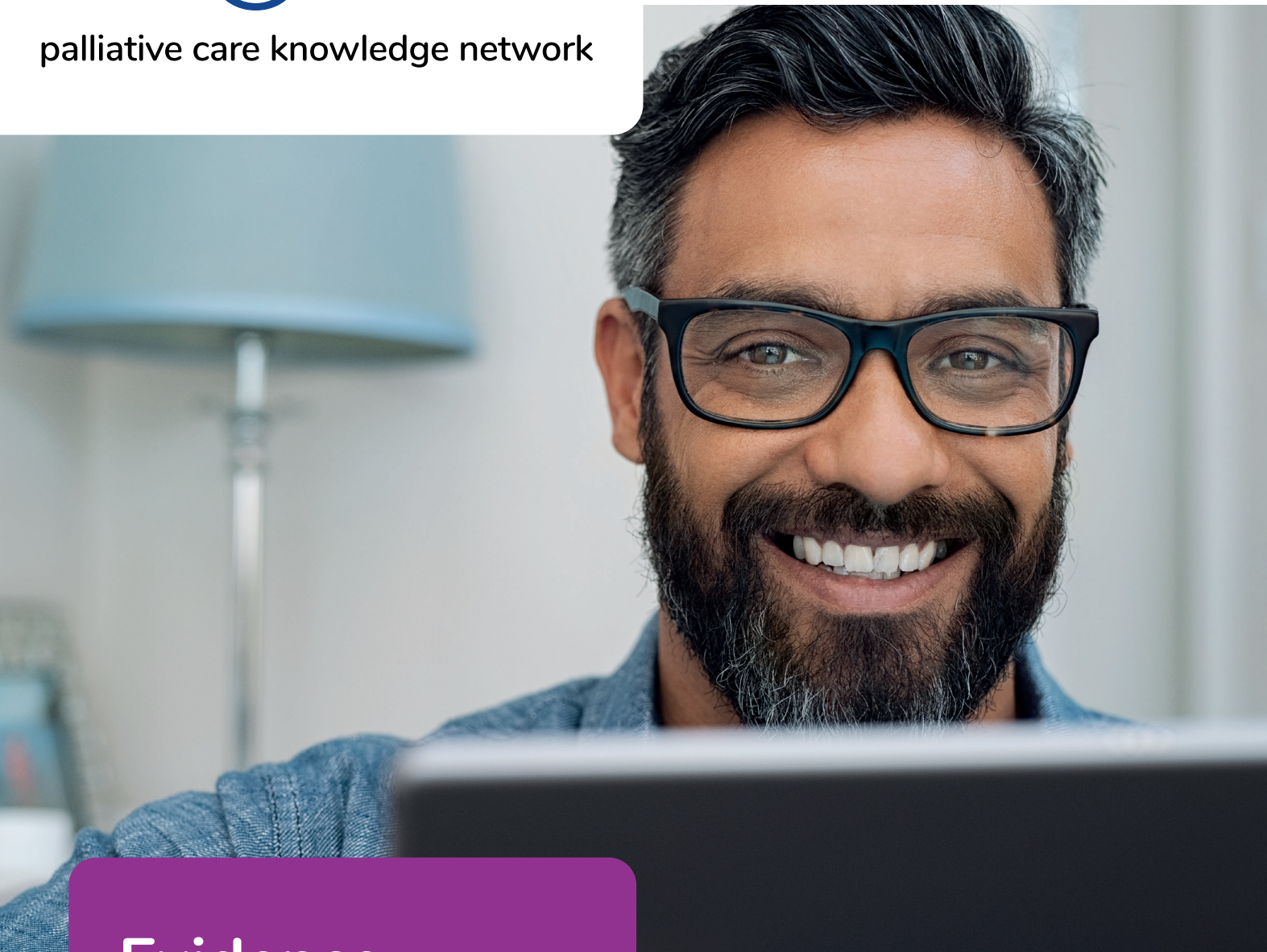




palliative care knowledge network



## Evidence

Find, learn about, and  
work with palliative  
care evidence

[caresearch.com.au](https://caresearch.com.au)

CareSearch is funded by the Australian Government  
Department of Health and Aged Care



**Flinders  
University**

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## Practical help to use the CareSearch Evidence resources to support palliative care best practice



### Evidence pack contents

Palliative care is focused on quality of life and your preferences as a patient, or those of the person you care for, are central to providing quality care.

Evidence helps you to understand the issues. It also informs care decisions by showing us the most likely impact of events or interventions.

#### 7-Steps to finding evidence with CareSearch

A quick guide to using CareSearch resources to find the most relevant evidence and information for those providing care.

#### Journal club basics and plan

A quick guide to planning a journal club and how it can help improve practice.

#### Searches for evidence begin with the right question

Mnemonic frameworks help you to define your question and build an answerable question. CareSearch has interactive versions of mnemonic tools including:

- PICO Tool
- PICO (qualitative) Tool

#### Assess your use of evidence

This self-evaluation form will help you to reflect on whether you are making the best use of evidence in your practice and where it might be improved.

#### CareSearch support for Evidence Training

There are three common applications of evidence in a clinical context: Evidence Based Practice, Quality Improvement, and Research. This sheet shows you how to access training and support for each of these using CareSearch.

#### Developing a knowledge translation plan

This sheet helps you to get started with implementing change. Follow the steps to make use of CareSearch resources and others that can help you from the point of identifying the need for change to planning and implementing change.

To obtain further copies of this pack or other resource packs developed by CareSearch:  
Download or order printed copies at [caresearch.com.au/resourcepacks](https://caresearch.com.au/resourcepacks)



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# Seven steps to information and evidence in CareSearch

The CareSearch website has an Evidence Centre with evidence-based information relevant to the care of people with need for palliative care. When looking for clinically relevant information, there are seven steps you can follow to find the most appropriate type and level of evidence where it exists. We will use the example of 'fatigue.'

## Step 1: Is it mentioned in relevant clinical guidelines?

Guidelines help health professionals to make evidence-based decisions in a timely way. Click on [Evidence Centre](#) in the main menu to open the submenu. Click on [Practice Ready Evidence](#) then click on [Palliative Care Guidelines](#). Here you will find Australian and International clinical guidelines.

## Step 2: Is there pre-appraised evidence?

Pre-appraised evidence helps busy clinicians with a summary of the evidence.

**Fatigue**

Home / Evidence / Practice Ready Evidence / Clinical Evidence Summaries / Fatigue

**Key messages**

- Fatigue is distressing, common in palliative care patients, and greatly affects quality of life. [1,2]
- Approximately half or more of adult and paediatric patients are likely to experience fatigue
- It is often inadequately assessed although several tools are recommended. [3]
- Regular assessment, attention to reversible factors, and multidisciplinary approaches to treating fatigue are essential. [2,4,5]
- Interventions involving physical exercise [2,6] and psychosocial interventions show definite promise for cancer related fatigue [4,7-9] although studies involving a defined palliative care population have not been conclusive. [9-11]
- Guidelines for the management of cancer related fatigue are available [4,12] but do not specifically address the needs of palliative care patients, or those with non-malignant conditions. [2]

**Evidence summary**

**Definition and prevalence**

Fatigue, defined as a persistent sense of tiredness which is not relieved by sleep or rest, is an extremely common problem amongst palliative care patients and causes significant distress. [1,10,13-16] A systematic review of symptoms in adult and paediatric patients with advanced cancer indicated that over half experienced fatigue. [10,17] The prevalence of fatigue is likely to be similar or indeed higher in patients with other life-limiting diseases, including HIV-AIDS, heart

**Related Evidence**

- Guidelines
- PubMed Search
- Review Collection

**Practice Ready Evidence**

- About Evidence
- Palliative Care Guidelines
- Clinical Evidence Summaries
- Advance Care Planning
- Advanced Dementia
- Appetite Problems
- Anxiety
- Bereavement and Grief
- Care of the Dying Person
- Complementary Therapies
- Constipation
- Delirium
- Depression
- Fatigue
- Heart Failure
- Models of Service Delivery

Click on [Practice Ready Evidence](#) then click [Clinical Evidence Summaries](#). Search for fatigue in the right hand menu.

These pages are summaries of the evidence i.e., what is known from systematic reviews relating to a specific clinical topic such as Fatigue or Care of the Dying Person. This, and all other Clinical summaries and syntheses, are based on systematic reviews (and where needed empirical studies) harvested from Ovid Medline, CINAHL, PsycINFO and Embase. You will also find on this page a link to cite this page if needed.

## Step 3: Search for quality evidence reviews

In step 2 above, in the Clinical summary page for 'fatigue', under 'Related evidence' there were links to [PubMed Search](#) and [Review Collection](#).

The [Systematic Review Collection](#) is curated by CareSearch and covers a range of clinical topics relevant to palliative care.

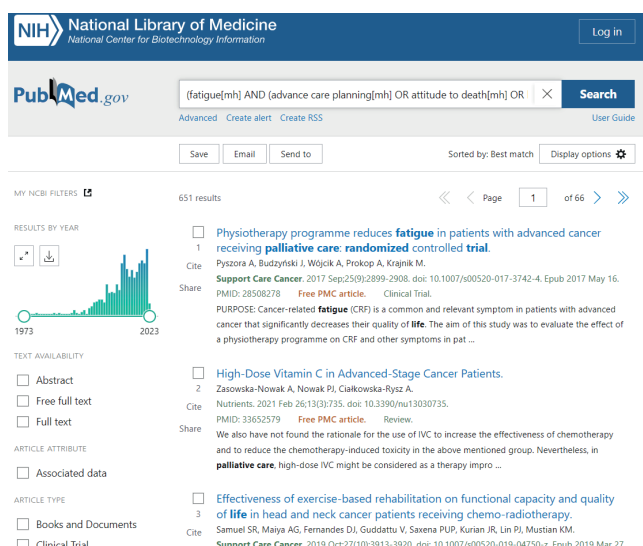
Reviews describing a systematic search strategy and methods for data synthesis are included. Reviews are harvested from multiple databases and the collection is updated each month.



#### Step 4: Search Palliative Care PubMed Searches

The [PubMed Search](#) link is a one-click access point for a pre-written PubMed Search using the [palliative care filter](#) to retrieve articles related to the topic. For our example this takes us to the corresponding PubMed search page for the topic of fatigue in the palliative care context. PubMed Topic Search uses the Palliative Care Search Filter and selected MeSH terms and text words to automatically retrieve relevant citations from the PubMed database.

PubMed is a publicly available database. If there is not a pre-written search, you can use [CareSearch Quick Search](#) or follow our instructions to create your own.



#### Step 5: Check the specific clinical hubs and sections

There is practical guidance and resources for different [health professionals and settings of care](#). This includes sections for GPs, Nurses, Allied Health, and care for Aboriginal and Torres Strait Islander peoples.

#### Step 6: Search the Grey Literature

If there is not information in the published literature you can look for grey literature, including literature that is hard to find because it is not published or not indexed. Click on [Searching for Evidence](#) in the menu and [Grey Literature Searches](#) in the submenu, then click on [Grey Literature Database](#). To search the database for relevant items, enter 'fatigue' or another search term in the search box. The database has five types of Australian grey literature – Conference Abstracts, general Grey literature (e.g., government reports), National Palliative Care projects, Quality Improvement, and in progress Research Studies.

#### Step 7: Finding out more about evidence and translation

Sometimes when you find evidence suggesting the need for change, translating this into practice can be a challenge. If you need more evidence, go to the [Evidence Centre](#). As well as finding evidence, here you can learn about moving evidence into practice. Using evidence and knowledge to bridge the research-practice gap and bring about broader change to care and service delivery requires a team effort. Click on [Translation Training](#). To help you understand what is required, and to assist with getting started in knowledge translation here we examine the core activities and principles. For more on Quality Improvement return to the main menu and click on [Evidence Training](#).

Visit [CareSearch Evidence Centre](#)



## Journal Club Basics and Plan

Being part of a regular journal club can help you and others to keep up to date and to take on some of the key skills needed to use evidence to improve practice. A journal club is where people interested in a common topic come together to discuss and evaluate research articles published in peer reviewed journals.

This can include discussion of how new findings may or may not impact practice. It is one way of keeping up with evidence and information, highlighting new findings, and developing skills in appraising articles. The journal club will be shaped by your audience and the articles chosen.

**Step 1: Identify goals:** this will depend on how experienced your audience is.

If they are new to journal clubs, concentrate on how to critique an article and do this as a group. Consider asking a librarian to join the journal club.

If the audience is more experienced, you may want to select a topic and critique several relevant articles.

Goals:

Audience:

**Step 2: Searching for articles.** You can search for articles using bibliographic databases or curated collections. Which one you use can depend on your area of interest, type of studies of interest, or whether you want to search across databases. For example:

- [PubMed](#) (biomedical database broader than MEDLINE)
- [CINAHL](#) (nursing and allied health)
- Or use a search filter to save you time and optimise searches including:
  - [CareSearch](#) for palliative care
  - [Lit.search](#) for Aboriginal and Torres Strait Islander health literature
- [Cochrane Database of Systematic Reviews](#)
- [CareSearch Systematic Review Collection](#)

Search terms and sources:

**Step 3: Select your articles:** the articles chosen will depend on your interests and goals.

Articles selected:

**Step 4: Appraise and summarise:** Once you have selected the article(s) ideally you will summarise and make this and the full text article available to your audience before the journal club.

For appraisal consider the question being addressed in the article and suitability of the study design or methodology and note study strengths and any limitations.

#### **Article(s) summary**

Purpose, including why this is important, and what is already known:

Methods used for study described in article:

Main results:

Strengths and weaknesses:

Implications, including influence on practice, potential benefits, and harms:

Visit [CareSearch Journal Club Basics](#)





## PICO

This framework is often used for clinical intervention questions. Use the fields that are useful. You do not have to use all fields.

Begin by describing the issue or problem in your own words.

In your words	
<b>Issue or problem</b>	

Now define the issue.

<b>P = Population</b>	
<b>I = Intervention</b>	
<b>C = Comparator</b>	
<b>O = Outcome</b>	

Then develop your question.

Your question

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## PICo

This framework is often used for qualitative clinical questions. Use the fields that are useful. You do not have to use all fields.

Begin by describing the issue or problem in your own words.

In your words	
Issue or problem	

Now define the issue.

P = Population	
I = Intervention	
Co = Context	

Then develop your question.

Your question

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## Evaluation of my use of EBP

Asking answerable questions	Yes	No
1. Do I ask any clinical questions?		
2. Do I use PICO, PICO or similar to develop my questions?		
3. Do I have a method to develop and save my questions?		
Acquiring the best external evidence	Yes	No
1. Am I searching for evidence?		
2. Do I know the best sources of current evidence for my clinical discipline?		
3. Do I have access to the best evidence for my clinical discipline?		
4. Do I use Booleans, MeSH headings, limiters, suitable keywords or an appropriate search filter when searching PubMed?		
Appraisal of evidence	Yes	No
1. Do I critically appraise external evidence at all?		
2. Is my use of critical appraisal checklists improving?		
3. Is my understanding of outcome certainty and rigour and the measures used to assess this improving?		
4. Have I created any appraisal summaries?		
Adopting evidence	Yes	No
1. Am I integrating my critical appraisals of evidence into my practice at all?		
2. When evidence suggests a need to change practice, am I identifying barriers and facilitators to this change?		
3. Am I eliciting patient values and preferences?		
4. Am I explaining the potential risks and benefits to my patients and checking that they understand?		
5. Am I integrating the evidence with my clinical expertise and my patient's values and preferences?		
6. Am I sharing my findings with others at meetings, journal club, or other opportunities?		
Assessing evidence	Yes	No
1. When evidence suggests a change in practice, am I identifying ways to monitor the impact of this change?		
2. Am I considering sustainability of this change?		

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# How CareSearch can help with Evidence Training in palliative care

Evidence is an integral part of the common clinical investigation activities of Evidence Based Practice (EBP), Quality Improvement (QI), and Research. CareSearch Evidence Training hub helps you to understand and develop skills in the use of evidence as part of these activities.

## Evidence Based Practice

Combining patient preferences, clinical experience, and evidence of what we know to make informed clinical decisions. Click on the [Evidence Centre](#) in the main menu. Next, click on [Evidence Training](#) and then [Evidence Based Practice](#). These pages help you to understand, build skills, and practice EBP. As you work your way through the five steps of [Build skills in EBP](#), Ask, Acquire, Appraise, Apply, and Assess, you will find examples and tips on what is needed and why. Here you can define practice questions and access search filters and evidence appraisal forms to help with examining the evidence.

Begin by using your question to select an appropriate mnemonic framework to develop an [answerable question](#). Next look for relevant evidence and information in the resources highlighted in the '[Acquire](#)' step to develop your understanding of the issue. Then in the '[Appraise](#)' section consider the quality of this information before making any recommendations about how or whether to '[Apply](#)' this in practice.

## Quality Improvement

A continuous process to improve health outcomes for patients, health system performance, and practice of health professionals. Click on [Evidence Training](#) and then [Quality Improvement](#).

Understanding the purpose of QI helps to place this in perspective relative to clinical practice. This page also introduces the QI cycle that underpins efforts to bring about change and the commonly used Plan, Do, Study, Act (PDSA) model used to implement these changes. If you have already defined the change needed, then you can move onto the [Build Skills in Quality Improvement](#) pages to learn about existing models that might be appropriate for your project and context. Here you will also find help with reporting and appraisal of QI projects.

## Research

Generating novel findings to further our knowledge. Click on [Evidence Training](#) and then [Research](#). In these pages you will find an introduction to research in palliative care. Research is the basis of evidence, and in palliative care it mirrors the complexity and diversity of care in practice. The [Practice Research](#) page lists Australian palliative care research groups.

Visit [CareSearch Evidence Training](#)



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# Developing a Knowledge Translation Plan

## What it is:

Knowledge translation (or 'KT') is an umbrella term for processes clinicians can follow to reduce the gap between what is known to work and what is actually adopted in practice or policy. It looks at the processes that affect how evidence is generated, communicated, and utilised as well as barriers to the transfer and uptake of this knowledge.

## Why it matters:

Accelerating the rate at which health research is adopted in practice:

- Makes effective care more quickly available to the people who need it.
- Prevents the promotion of ineffective or even dangerous therapies and approaches.
- Ensures better use of health care resources.

Quality Improvement informed by evidence is an example of KT aimed at making changes at the local level. For this and projects involving more stakeholders and greater complexity a structured approach with clear inputs and outputs helps.

## How CareSearch can help

### Step 1: Familiarise yourself with KT and what it means.

Click on the [Evidence Centre](#) in the main menu to open the submenu.

Click on the [About Evidence Translation](#) section.

### Step 2. Define and understand the issue and options.

KT begins with identifying a practice problem that impacts patient care and is serious enough to invest time and resources to address it. This might be highlighted for example through staff observation, complaints, service benchmarking reports against standards or expected outcomes, or awareness of innovative practices. Improvement begins with defining the issue or question and using this to review relevant evidence and information.

Click on the [Evidence Centre](#) in the main menu to open the submenu.

Go to the [Evidence Training](#) hub, click on [Evidence Tools](#) and use one of the downloadable mnemonics frameworks to clearly define your question. To look for evidence and information to develop your understanding of the issue and potential responses including the benefits and risks of each follow the 7-steps to Information and Evidence in CareSearch guide.

### Step 3: Establish a working group and present them with a summary of your findings and proposal.

Having the support of team members when implementing change is important and engaging with them at an early stage fosters ownership and commitment to making and sustaining changes.

Provide group members with a summary of the issue, key considerations, and the options for improvement uncovered through your review of evidence.

### Step 4: Understand core KT activities before selecting your TMF.

There are hundreds of theories, models, and frameworks (TMF) available to guide your KT program. Some or all of the following key activities are included in KT programs and to select the most appropriate TMF it helps to understand what each involves:

- Dissemination
- Planning
- Implementation
- Evaluation
- Sustainability

Click on the [Evidence Centre](#) in the main menu to open the submenu.

Go to the [Translation Training](#) hub, click on [Evidence Translation in Practice](#) pages to learn more about each of these activities and what they contribute to KT.

### Step 5: Selection of appropriate Theories, Models and Frameworks.

Return to the About Evidence Translation section and go to the TMF tab to access the Health Research Practice TMF selector to help you choose which might be best for your project.

Consider what models are currently being used by your organisation and any models that members of the team are familiar with.

Together with your team use the selected TMF to guide how to implement changes, and how you will evaluate any impact.

### Step 6: Plan how and to whom you will disseminate the outcomes of the project.

This is important for sustaining change and developing a culture of best practice.

Visit [CareSearch Evidence Translation Training](#)

